



HEALTHCARE ROUND-UP



December 8, 2017

Big 5 Insurers Depend on Medicare, Medicaid for Growth in Enrollment, Profits

Healthcare Finance

The nation's five largest insurers are increasingly dependent on government programs such as Medicare and Medicaid for growth in enrollment, revenue and profits, according to a new Health Affairs study. UnitedHealthcare, Anthem, Aetna, Cigna, and Humana collectively cover 43 percent of the total U.S. insured population, the report said. Due in large part to an aging baby boomer population, Medicare and Medicaid account for nearly 60 percent of the big five's revenues and 20 percent of their plan membership.

Tax Bill Is Likely to Undo Health Insurance Mandate, Republicans Say

The New York Times

House and Senate negotiators thrashing out differences over a major tax bill are likely to eliminate the insurance coverage mandate at the heart of the ACA, lawmakers say. But a deal struck by Senate Republican leaders and Senator Susan Collins (R-ME) to mitigate the effect of the repeal has been all but rejected by House Republicans, potentially jeopardizing Sen. Collins' final yes vote.

American Benefits Council: With No Individual Mandate, Congress Must Remove Employer Reporting Requirements

Employee Benefits News

Following the Senate's passage of a tax bill that includes a repeal of the ACA requirement that all individuals carry health insurance, many business groups fear removing the individual mandate will create chaos in the insurance marketplace that will translate into higher premiums for employers. EBA talked with American Benefits Council President Jim Klein about next steps for combining Senate and House tax reform legislation and how Congress can act to ensure the employer-based health insurance market is stable. NAPEO is a member of ABC.



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Forget Amazon. Health Companies Really Want to be UnitedHealth

Employee Benefits News

As the specter of Amazon.com Inc. looms over the healthcare industry, it's easy to see the tech giant's threat as a major factor behind the megadeal between CVS Health Corp. and Aetna Inc. Yet the \$67.5 billion deal will build a company to match up against a rival that already has businesses spread deep across the sector: UnitedHealth Group Inc.

Out-of-pocket Health Spending in 2016 Increased at the Fastest Rate in a Decade

The Washington Post

U.S. health care spending increased to \$3.3 trillion in 2016, with out-of-pocket health care costs borne directly by consumers rising 3.9 percent - the fastest rate of growth since 2007. The findings, published by [Health Affairs](#), are considered the authoritative breakdown of American health care spending and are prepared each year by the Centers for Medicare and Medicaid Services.

Top Benefit Trends of 2017

Employee Benefits News

Over the course of 2017, employers embraced self-funded benefit models and brokers shifted to performance-based compensation strategies, while data analytics and online enrollment tools improved plan offerings and engagement. These trends and more were identified by experts within the benefits industry from companies and organizations such as the Society for Human Resource Management, Questige Consulting, Segal Consulting and Benefitfocus.

HSA Priorities, Strategies Differ by Age, Financial Goals

BenefitsPro

A health savings account (HSA) can be a powerful tool for just about anyone. The flexibility of HSAs makes them appealing for a wide range of users, but that same flexibility can make explaining these accounts a challenge. No two people have identical health benefit needs, and each employee will use an HSA differently. There are numerous ways to approach managing an HSA for individuals, but any strategy will ultimately be influenced by things like income level, health needs, and long-term financial goals.

Brokers Tout Mix-And-Match Coverage to Avoid High-Cost ACA Plans

Kaiser Health News

As the ACA open-enrollment season moves into its final weeks, some consumers looking for lower-cost alternatives are considering a patchwork approach to health insurance. The products may secure some basic protection but leave patients on the hook for high medical bills. The idea involves mixing and matching several types of insurance products originally designed to cover the deductibles and other gaps in traditional coverage.